Received; 21.Feb.01 09:29 AM From: 401635 J To: 7037838458

GREENHOUSE GROWN ...

02/21/2001 10:16 401-635

Attorney Docket Number EMP-99-001US DECLARATION FOR UTILITY OR Elizabeth M. Plerotti First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION 09/645,339 Application Number (37 CFR 1.63) 08/25/2000 Filing Date Declaration
 Submitted after Initial Declaration Group Art Unit 2873 OR Submitted Filing (surcharge (37 CFR 1.16 (e)) with initie! Examiner Name Unknown Filing required) As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plure) ames are listed below) of the subject matter which is claimed and for which a patent is cought on the invention entitled TORIC-SHAPED LENSES AND GOGGLE ASSEMBLY (Title of the Invention) the specification of which is attached hereto as United States Application Number or PCT International was filed on (MM/DD/YYYY) 08/25/2000 (if applicable). Application Number 09/645.339 and was simended on (MM/DD/YYYY) N/A I heroby state that I have reviewed and understand the contents of the above identified apositionation, including the signme, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 385(b) of any foreign application(a) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Number(s) Foreign Filling Date Priority Certified Copy Attached? Country (WWWDD/YYYYY) **Not Claimed** YES MA Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DO/YYYY) Application Number(s) Additional provisional application numbers are listed on a 60/150,803 28/26/1999 supplemental priority data sheet

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the incliniqual case. Any comments on the amount of time, you are required to complete the storm should be sent to the Chief information Unicer, U.S. Metent and I regernary Unice. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Address  Cay Alexandria State VA ZIP 22314-3011  Gountry United States Telephone (703) 706-5862 Fax (703) 706-5860  i hereby decises that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that within false statements and the like so made are junistrated by file or imprisonment, or both, under 18 U.S.C. 1001 and that such within false statements may leopardize the validity of the application or any patient issued thereon.  NAME OF SOLE OR FIRST INVENTOR:  Given Name (first and middle [if any]) Elizabeth M. Family Name or Surmame Pierotti  Residence: City Little Compton State:  City Little Compton State:  A petition has been filed for this unsigned inventor  State:  A petition has been filed for this unsigned inventor  City Little Compton State:  A petition has been filed for this unsigned inventor  City Little Compton State:  A petition has been filed for this unsigned inventor  Given Name (first and middle [if any])  A petition has been filed for this unsigned inventor  Given Name or Surname					OR IX	Correspondance address below	
Address  City Alexandria  State VA  ZIP 22314-3011  Country United States  Telephone (703) 706-5862  Fax (703) 706-5860  I hereby declare that all statements made herein of my Own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the size validity of the application or any palent is used thereon.  NAME OF SOLE OR FIRST INVENTOR:  A petition has been filled for this unsigned inventor or Surnathe  Given Name  (first and middle lif any))  Elizabeth M.  Residence: City Little Compton  State II  ZIP 02837  Country United States  NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor  Civen Name  Family Name  Or Surname  A petition has been filed for this unsigned inventor  Civen Name  Family Name  Or Surname  Family Name  Or Surname  Family Name  Or Surname	Name WESTERLUND POWELL, P.C.						
City Alexandria State VA ZIP 22314-3011  Gountry United States Telephone (703) 708-5862 Fax (703) 706-5860  i hereby decisare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or impropriement, or both, under 18 U.S.C. 1001 and that such willful false statements may leopardize the validity of the application or any patent is sued thereon.  NAME OF SOLE OR FIRST INVENTOR:  Given Name (first and miskine [if any)) Elizabeth M.  Pamily Name or Surnative Pierotti  Inventor's Signature U.S.C. 1001 and that such willful false statements may leopardize the validity of the application or any patent is sued thereon.  NAME OF SOLE OR FIRST INVENTOR:  A position has been filled for this unsigned inventor or Surnative Pierotti  Daste Z/19/01  Residence: City Little Compton State RI Zip 02837 Country United States  NAME OF SECOND INVENTOR:  A position has been filled for this unsigned inventor or Surname  Family Name or Surname  Family Name or Surname	Address 122 N. Alfred Street						
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